

Mail to:
Department of Charitable Gaming
101 North 14th Street, 17th Floor
Richmond, VA 23219



FORM 302
ANNUAL SUPPLIER SALES &
TRANSACTION REPORT

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING
ANNUAL SUPPLIER SALES AND TRANSACTION REPORT
FOR THE YEAR ENDING SEPTEMBER 30, 2005
DUE DATE: JANUARY 1, 2006**

General Instructions

1. Each supplier providing gaming supplies and equipment to organizations within the Commonwealth of Virginia is required to submit an Annual Report by January 1, 2006 for the fiscal year period of October 1, 2004 through September 30, 2005.
2. The Report must include all transactions during this fiscal year period (i.e., all the items, supplies, equipment, goods or services given, provided, sold, returned, or rented).
3. Transactions to organizations with gaming sales in private social quarters must be separated into two accounts - transactions for bingo operations and transactions for private social quarters.
4. Serial numbers of instant bingo and pull tab deals, seal cards, and merchandise boards are not required with the Report, but must be retained and available when needed.
5. Please refer to the attached sheet (Page 2) for required information data and format.

SUPPLIER INFORMATION

Company Name: _____ DCG No. _____
D/B/A: _____
Headquarters
Address: _____
City: _____ State: _____ Zip: _____
Business Telephone: (_____) _____ E-Mail Address: _____
Contact Person
Name: _____
Daytime Contact No: (_____) _____ Fax No: (_____) _____

ATTEST STATEMENT

(Complete, Sign and Notarize)

I, _____, representing _____, do hereby
Name Company
swear or affirm under the penalties of perjury as set forth in Section 18.2-434 of the Code of Virginia that the data,
information, figures and statements shown in this report and on attached statements and in the files provided on
computer disks with this report are correct to the best of my knowledge, information and belief.

Signature Title Date

NOTARY PUBLIC

City/County of _____; State of _____

Subscribed and sworn before me, this _____ day of _____

My commission expires _____ Notary Public _____

ORGANIZATION INFORMATION

In accordance with Section 18.2-340.34 of the Charitable Gaming Statute, Code of Virginia, the following information is requested for all transactions of supplies, equipment, and service to each organization in the Commonwealth:

1. Name of Organization
2. Address of Organization
3. Supplier Account Number for the Organization
4. Department of Charitable Gaming Number -

If the organization does not have a current permit from the Department, be sure you have on file a copy of the statement required by 11 VAC 15-31-20(C)(1) of the Department of Charitable Gaming Supplier Regulations confirming that gross receipts are not expected to exceed more than \$25,000 for a twelve month period.
5. Transaction Data:
 - (A) Account Type - **(B)** Bingo Operations or **(S)** Private Social Quarters Operations
 - (B) Invoice Number
 - (C) Invoice Date
 - (D) Invoice Total Amount
 - (E) Line Amount
 - (F) Description of miscellaneous supplies, goods, or services given, provided, sold or rented.
 - (G) Description of equipment given, provided, sold or rented.
 - (H) Electronic Bingo Devices Transactions - Number of devices.

(I) Bingo Paper -

- 1) Description of paper - Series, Serial Number, Color, and type of paper such as Texas 24, Lucky Seven, Bonanza, and U-Pik-M
- 2) Quantity - Number of sheets or packs
- 3) Single sheets # ON - Number of faces on a sheet
- 4) Pack # ON - Number of faces on a sheet
- 5) Pack # UP - Number of sheets in a pack

(J) For Instant Bingo, Pull Tabs, Seal Cards, Coin Boards -

- 1) Deal name
- 2) Deal or form number
- 3) Ticket price
- 4) Quantity - Number of deals
- 5) Number of tickets in the deal
- 6) Number of free tickets in the deal
- 7) Cash Take In from the deal
- 8) Cash Payout for the deal

DO NOT SEND COPIES OF INVOICES.

Please provide the above transaction data information in columns on an Excel spreadsheet computer file using a separate column for each transaction data item.

If this is not available, please contact Carolyn Buko at (804) 786-3616 to discuss a compatible format.

CHECKLIST FOR THIS REPORT

1. Is the Department of Charitable Gaming number shown for each organization?
2. Have you included all the transactions for each organization?
3. Are credits, returns, and no charge items clearly identified on this report?
4. Are transactions to organizations with gaming sales in private social quarters separated into two accounts?
5. Is each transaction data item reported in a separate column? For instance, Item A data would be in Column 1.
6. Have you checked the discs to assure that all transaction data for all items listed above are reported on the discs?
7. Are all computer discs included with the report? Use either 3 1/2 inch diskettes or data CD's.
8. Has this report been signed by an authorized person and properly notarized?

Visit our web site at www.dcg.virginia.gov